



United States Environmental Protection Agency  
Office of Ground Water & Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System**

**Part I: Permit Review and Issuance/**

**Wells in Area of Review**

(This information is solicited under the  
authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

ARKANSAS OIL AND GAS COMMISSION  
P.O. BOX 1472  
EL DORADO, AR 71731-1472

**II. Date Prepared (month, day, year)**

October 11, 2011

**III. State Contact (name, telephone no.)**

GARY D. LOONEY  
870 862-4965

**IV. Reporting Period (Month, Year)**

From  
October 1, 2010

To  
September 30, 2011

Item					Class and Type of Injection Wells							
					I	II			III	IV	V	
						SWD 2D	ER 2R	HC 2H				
<b>V. Permit Application</b>					30	9						0
Number of Permit Applications Received												
<b>VI. Permit Determination</b>	Permit	A	Number of Individual Permits issued (one well)	New Wells	14	4						0
				Existing Wells								
	Issued	B	Number of area Permits* issued (multiple wells) (see instructions on back)	New Well Field								
				Existing Well Field								
		C	Number of Wells in Area of Permits (See B above)	New Wells								
				Existing Wells								
	Permit Not Issued	D	Number of Permits Denied/Withdrawn (After complete technical review)	4	0					0		
	Modification Issued	E	Number of Major Permit Modifications Approved	8	6					0		
<b>VII. Permit File Review</b>	Number of Rule-Authorized			Wells Reviewed								
	Class II Wells Reviewed			Wells Deficient								
<b>VIII. Area of Review (AOR)</b>	Wells Reviewed	A	Number of wells In Area of Review	Abandoned Wells								
				Other Wells								
	Wells Identified for C/A	B	Number of Wells Identified For Corrective Action	Abandoned Wells								
				Other Wells								
	Wells with C/A	C	1. Number of Wells in AOR with casing Repaired/Recemented C/A.									
			2. Number of Active Wells in AOR Plugged/Abandoned.									
			3. Number of Abandoned Wells in AOR Replugged.									
			4. Number of wells in AOR with "Other" Corrective Action.									

**IX. Remarks/Ad Hoc Report (Attach additional sheet if necessary)**

**Certification**

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Lawrence E. Bengal

October 11, 2011

870 862 4965



United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System**

**Part II: Compliance Evaluation**

(This information is solicited under the  
authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

ARKANSAS OIL AND GAS COMMISSION

P. O. BOX 1472

EL DORADO, AR 71731-1472

**II. Date prepared (month, day, year)**

October 11, 2011

**III. State Contact (name, telephone no.)**

GARY D. LOONEY

870 862-4965

**IV. Reporting Period (Month, year)**

From:

October 1, 2010

To:

September 30, 2011

Item			Class and Type of Injection Wells						
			I	II			III	IV	V
				SWD 2D	ER 2R	HC 2H			
V. Summary of Violations	Total Wells	A	Number of Wells with Violations						
	Total Violations	B	1. Number of Unauthorized Injection Violations						
			2. Number of Mechanical Integrity Violations						
			3. Number of Operation and Maintenance Violations						
			4. Number of Plugging and Abandonment Violations						
			5. Number of Monitoring and Reporting Violations						
			6. Number of Other Violations (Specify)fee						
VI. Summary of Enforcement	Total Wells	A	Number of Wells with Enforcement Actions						
	Total Enforcement Actions	B	1. Number of Notices of Violation						
			2. Number of Administrative Orders						
			3. Number of Civil Referrals						
			4. Number of Criminal Referrals						
			5. Number of Well Shut-ins						
			6. Number of Pipeline Severances						
			7. Number of Other Enforcement Actions (Specify)						
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter						
			B. This Year						
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW								
IX. MIT Resolved	Percent of MIT Violations Resolved in 90 Days								

**X. Remarks/Ad Hoc Report (Attach additional sheet if necessary)**

**Certification**

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Lawrence E. Bengal

October 11, 2011

Telephone Number  
870 862-4965



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Office of Ground Water & Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System**

**Part II: Compliance Evaluation**

**Significant Noncompliance**

(This information is solicited under the  
authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency  
ARKANSAS OIL AND GAS COMMISSION  
P. O. BOX 1472  
EL DORADO, AR 71731-1472

II. Date Prepared (month, day, year)  
October 11, 2011

STATE Contact (name, telephone no.)  
GARY D. LOONEY  
870 862-4965

IV. Reporting Period (month, year)

From  
October 1, 2010

To  
September 30, 2011

Item				Class and Type of Injection Wells						
				I	II			III	IV	V
					SWD 2D	ER 2R	HC 2H			
V. Summary of Significant Non- Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations		0	0				0
	Total Violations	B	Number of Unauthorized 1. Injection SNC Violations							
			Number of Mechanical Integrity 2. SNC Violations							
			Number of Injection Pressure 3. SNC Violations							
			Number of Plugging 4. and Abandonment SNC Violations							
			Number of SNC Violations 5. of Formal Orders							
			Number of Falsification 6. SNC Violations							
			7. Number of Other SNC Violations (Specify)							
VI. Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC		0	0				0
	Total Enforcement Actions	B	1. Number of Notices of Violation							
			2. Number of Consent Agreements/Order							
			3. Number of Administrative Orders							
			4. Number of Civil Referrals							
			5. Number of Criminal Referrals							
			6. Number of Well Shut-ins							
			7. Number of Pipeline Severences							
8. Number of Other Enforcement Actions against SNC Violations (Specify)										
VII. Summary of Compliance	Number of Wells in SNC Returned to Compliance	A. This Quarter		0	0				0	
		B. This Year		0	0				0	
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW				0	0				0
IX. Well Closure	Class IV/Endangering Class V Well Closures	Involuntary Well Closure								
		Voluntary Well Closure								

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Signature and Typed or Printed Name and Title of Person Completing Form  
Lawrence E. Bengal

Date  
October 11, 2011

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Washington, DC 20460

**UIC Federal Reporting System**

**Part III: Inspections**

**Mechanical Integrity Testing**

(This information is solicited under the authority of the Safe Drinking Water Act)

**II. Date Prepared (month, day, year)**

October 11, 2011

**III. State Contact (name, telephone no.)**

GARY D. LOONEY  
870 862-4965

**I. Name and Address of Reporting Agency**  
ARKANSAS OIL AND GAS COMMISSION  
P.O. BOX 1472  
EL DORADO, AR 71731-1472

**IV. Reporting Period (month, year)**

From  
October 1, 2010

To  
September 30, 2011

Item

**Class and Type of Injection Wells**

			II							
			I	SWD 2D	ER 2D	HC 2H	III	IV	V	
	Total Wells	A	Number of Wells Inspected		1266	112				43
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed		208	47				25
			2. Number of Emergency Response or Complaint Response Inspections							
			3. Number of Well Constructions Witnessed		3	0				0
			4. Number of Well Pluggings Witnessed		13	7				0
			5. Number of Routine/Periodic Inspections		1042	58			18	
VI.  Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity		1250	105				43
		B	No. of Rule-Authorized Wells	Passed 2-part test						
	For Significant Leak		C	Tested/Evaluated for MI		Failed 2-part test				
		1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed	1037	58			18	
				Well Failed	5	0			0	
		2. Number of Casing/Tubing Pressure Tests		Well Passed	175	27			9	
				Well Failed	10	5			1	
		3. Number of Monitoring Record Evaluations		Well Passed						
				Well Failed						
		4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed	16	9			15	
			Well Failed	0	3			0		
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed	0	0			0
					Well Failed					
			2. Number of Temperature/Noise Log Tests		Well Passed					
					Well Failed					
3. No. of Radioactive Tracer/Cement bond Tests			Well Passed	7	3			0		
			Well Failed	0	0			0		
4. No. of Other Fluid Migration Tests/Evaluations (Specify)			Well Passed							
			Well Failed							
VII.  Summary of Remedial Actions	Total Wells	A	Number of Wells with Remedial Action		9	2			1	
	Total Remedial Action	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions		0	0			0	
			2. Number of Tubing/Packer Remedial Actions		9	3			1	
			3. Number of Pluggings/Abandonment Remedial Actions		0	1			0	
			4. Number of Other Remedial Actions (Specify)							

**VII. Remarks/Ad Hoc Reports (Attach additional sheets)**

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Signature and Typed or Printed Name and Title of Person Completing Form  
Lawrence E. Bengal

Date  
October 11, 2011

Telephone No.  
870 862-4965



United States Environmental Protection Agency  
Office of Drinking Water  
Washington, DC 20460  
UIC Federal Reporting System  
Part V

**Summary of UIC Grant Utilization**

(This information is solicited under the authority of the Safe Drinking Water Act)

**I. Name and Address of Reporting Agency**

ARKANSAS OIL AND GAS COMMISSION  
P. O. BOX 1472  
EL DORADO, AR 71731-1472

**II. Date Prepared (month, day, year)**

October 11, 2011

**III. State Contact (name, telephone no.)**

GARY D. LOONEY 870 862-4965

**IV. Reporting Period (month, year)**

From October 1, 2010

September 30, 2011

8	Item	Federal Funds (\$)	State Funds (\$)
V. Expeniture by Object Class	A. Personnel	NONE	
	B. Fringe Benefits	NONE	
	C. Travel	NONE	
	D. Equipment	NONE	
	E. Supplies	NONE	
	F. Contractual	NONE	
	G. Other Direct Charges	NONE	
	H. Indirect Charges	NONE	
	I. Total	NONE	
VI. Expenditure by Program Element	A. Administration	NONE	
	B. Permitting	NONE	
	C. Surveilance, Inspection, and Quality Assurance	NONE	
	D. Enforcement	NONE	
	E. Aquifer Identification and Exemption	NONE	
	F. Class V Assessment	NONE	
	G. Data Management	NONE	
	H. Public Information, Training, and Technical Asistance	NONE	
	I. Other	NONE	
	J. Total	NONE	

**VII. Remarks (Attach additional sheets)**

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Date  
October 11, 2011

Telephone No.  
870  
862-4965



UIC Federal Reporting System

Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act.)

Form Approved  
OMB No. 2040-0042  
Approval expires 6-30-98

I. Reporting Period

From  
October 1, 2010

To  
September 30, 2011

II. Well Class and Type	III. Name and Address of Owner/Operator	V. Summary of Violations									VI. Summary of Enforcement									VI. Date Compliance Achieved	
		IV. Well ID No. (Permit No.)	Date of Violation	Mark ("X") Violation Type							Date of Enforcement	Mark ("X") Violation Type									
				Un aut hor ize d Inj ecti on	Well Mec hani cal Inte grity	Inje ctio n Pres sure	Plug ging and Aba ndone ment	For mal Order	Fal sifi cati on	Oth er (Spe cif y)		Noti ce of Viol atio n	Co nse nt Ag rec me nt	Ad mi nist rati ve Order	Civ il Ref erral	Cri min al Ref erral	Well Shut -in	Pi pe line Se ve ra nce	Oth er (Spe cif y)		
	NONE																				

CERTIFICATION

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Signature of Person Completing Form

Typed or Printed Name and Title  
Lawrence E. Bengal

Date  
October 11, 2011

Telephone Number  
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